7		DADT I	B - FEE(S) TRANS	MITTAI		
JAN	ابر 1 5 2008	er with applicable	e fee(s), to: <u>Mail</u> M C P. A or <u>Fax</u> (5	ail Stop ISSUE ommissioner for O. Box 1450 lexandria, Virgi 71)-273-2885	Patents nia 22313-1450	should be completed where correspondence address as arate "FEE ADDRESS" for
CURRENT CORRESPOND	7590 10/19/ ATION, INTELL IG. 006-1 Y 52 NORTH	ck I for any change of address)	No.	ote: A certificate of the certificate of the certificate of the certificate own certificate own certificate	nailing can only be used to secretificate cannot be used paper, such as an assignm of mailing or transmission.	or domestic mattings of the for any other accompanying ent or formal drawing, must
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	)R	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/769,231 TITLE OF INVENTION	01/30/2004 I: METHOD OF GENER	ATING AND UTILIZE	Cary L. Baies NG DEBUG HISTORY		ROC920030244US1	9641
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	E FEE TOTAL FEE(S) DU	E DATE DUE
nonprovisional	МО	\$1440	\$300	<b>SO</b> 01/16/	\$1740 '2008 AUDNDAF2 000000	<b>01/22/2008</b> 54 898465 18769231

nonprovisional	NO	21440	2300	01/16/200A AMO	NDAF2 00000054 090465 10769231			
EXAMINER		ART UNIT	CLASS-SUBCLASS	01 FC:1501				
NGUYEN, PHII	LLIP H	2191	717-125000	02 FC:1504	1440.09 DA 300.00 DA			
I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the paten (1) the names of up to 3 n or agents OR, alternatively (2) the name of a single fir registered attorney or agen 2 registered patent attorney listed, no name will be printing.	egistered patent attorneys  m (having as a member a	Patterson & Sheridan, ILL  2  3			
PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE INTERNATIONAL	an assignee is ident 37 CFR 3.11. Com EE BUSINESS 1	ified below, no assignee pletion of this form is NO	(B) RESIDENCE: (CITY and RATION, ARMONK, 1	STATE OR COUNTRY)				
			4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 09-0465 (enclose an extra copy of this form).					
5. Change in Entity Status (  a. Applicant claims Sh  NOTE: The Issue Fee and Printerest as shown by the reco	AALL ENTITY stat	us. See 37 CFR 1.27.			Y status. See 37 CFR 1.27(g)(2). mey or agent; or the assignee or other party in			
Authorized Signature Typed or printed name This collection of informatio	Grant A.		on is required to obtain or reta	Registration No. 42	complete, including gathering, preparing, and a the amount of time you require to complete			

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